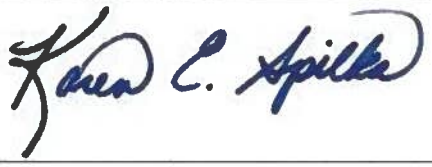
RECONCILIATION STATEMENT
AS REQUIRED BY 930 CMR 5.08(2)(d)3.

	PUBLIC EMPLOYEE INFORMATION
Name of employee:	Karen E. Spilka
Title/ Position	Senate President, State Senator, Middlesex and Norfolk District
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 332 Boston, MA 02133
Office Phone:	617-722-1500
Office E-mail:	Karen.Spilka@masenate.gov
	I previously filed a disclosure explaining that I accepted reimbursement, waiver or payment by a non-public entity (but not a lobbyist) of travel expenses related to an activity or speaking engagement that served a legitimate public purpose. I am filing this Reconciliation Statement because the actual amount of the travel expenses differed by more than $50 from the amount I originally disclosed. **I HAVE ATTACHED A COPY OF MY PREVIOUS DISCLOSURE.**
	ADDITIONAL EXPENSES
Date of activity or speaking engagement:	October 4-7, 2026
Reason that the actual amount differs from the previously disclosed amount by $50 or more:	At the time I submitted the disclosure, I did not have an itemized statement of the final costs being covered. I am filing this reconciliation statement now that I have received by email on October 30, 2026 the final amounts that were covered by the Senate Presidents' Forum.

PLEASE INCLUDE DETAILED INFORMATION
ONLY ABOUT AMOUNTS THAT DIFFER FROM THE AMOUNTS ORIGINALLY DISCLOSED.

	Previously disclosed amount	Actual amount
Transportation:		
Lodging:	$1,268.61 (3 nights)	$1,196.61 (3 nights)
Meals:		$1,164.34 (6 meals and 1 reception)
Admission:		
Other (please list):		Activities: $103.00 (Shelburne Museum and Spirit of Ethan Allen boat tour)
Total:	$1,268.61	$2463.95

Employee signature	
Date	November 2, 2026

Attach additional pages if necessary.

Non-elected public employees - file with your appointing authority.

Elected state or county employees - file with the State Ethics Commission.

Members of the General Court -
file with the Senate or House Clerk or the State Ethics Commission.

Elected municipal employee - file with the city or town clerk.

Elected regional school committee member –
file with the clerk or secretary of the committee.

DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.

	ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **elected** public employee:	Karen E. Spilka
Title/ Position	Senate President, State Senator, Middlesex and Norfolk
Agency/ Department	Massachusetts State Senate
Agency address:	Massachusetts State House 24 Beacon Street, Room 332 Boston, MA 02133
Office phone:	617-722-1500
Office e-mail:	Karen.Spilka@masenate.gov
Write an X to confirm each statement.	I am filing this disclosure because: _X_ I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and _X_ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than $50.
	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE
Describe the activity which is the reason for traveling.	The Senate Presidents' Forum Member Meeting
Describe your participation in the activity.	The Senate Presidents' Forum is a nonprofit organization that provides a nonpartisan space where State Senate leaders can meet to consider and engage on issues and challenges facing their states. Specifically, the Senate Presidents' Forum hosts meetings where legislative leaders engage in open and productive discussions, leveraging their shared experiences and gaining insight from each other and industry experts on issues. I currently serve on the Board of Directors of this organization. The Senate Presidents' Forum is hosting one of its educational meetings – the Fall Forum – in Burlington, Vermont, from October 4-7, 2026. As a member of this organization, I will be participating in this meeting.
Date, time and location of activity.	October 4-7, 2026 Hotel Champlain Burlington 60 Battery Street Burlington, Vermont 05401
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Participants at this meeting will engage in discussions on topics relevant to their states, including, but not limited to, (i) challenges and opportunities with respect to strengthening access to, improving delivery of, and supporting rural healthcare; (ii) how workplace pathways programs can expand access to healthcare careers; (iii) the

	rising costs and limited availability of childcare; (iv) the cost implications of deferred maintenance for roads, bridges and other public infrastructure; and (v) issues related to prediction markets. My participation in this meeting and the discussions I will be engaging in will inform and strengthen my ability to develop policy solutions to challenges facing the Commonwealth and its residents.
	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	The Senate Presidents' Forum
Address of person or organization.	1100 Johnson Road Suite 16055 Golden, CO 80402
Provide information in as much detail as possible:	***Itemization and explanation of amounts offered:***
Transportation:	*Air, train, bus, and taxi fare and rental car hire, etc.*
Lodging:	*Overnight accommodations.* $ 1,268.61 (3 nights)
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	I will file a reconciliation form once I receive the final amounts being covered by the Senate Presidents' Forum.
Write an X beside any relevant statement.	____ **I have attached the relevant itinerary.** _X__ **I have attached the relevant agenda.**
For the exemption to apply, check off <u>both</u> <u>statements</u>.	**Having disclosed the facts above, I determine that:** _X_ Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND _X_ Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.
Employee signature:	

Date:	October 2, 2026

Attach additional pages if necessary.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.